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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X	:	
YVONNE DOWNIE,	:	ECF
	:	1:16-cv-05868 (JPO)(DCF)
Plaintiff,	:	
	:	
-against-	:	
	:	
CARELINK, INC. and VINSENT ROBINSON,	:	
And JOHN DOES #1-10,	:	
	:	
Defendants.	:	
-----X	:	

**DECLARATION OF PLAINTIFF YVONNE DOWNIE
IN SUPPORT OF PROPOSED
CLASS AND COLLECTIVE NOTICE**

DECLARATION OF YVONNE DOWNIE

I, **YVONNE DOWNIE**, hereby declare under penalty of perjury under the laws of the United States of America that the following is true:

1. I was a home health aide/maid employed by Carelink, Inc. and Vinsent Robinson (collectively "Defendants"), from about October 29, 2012 until about October 15, 2015 (the "time period").

2. Defendants are an employment agency that sent me to work as a home health aide/maid for numerous customers located in New York City and Nassau County.

3. During the time period, I was not paid full regular wages for all my hours worked and was not paid overtime wages for all of my hours worked over forty in a workweek ("overtime"), and was not paid an extra hour of pay for my hours worked over a spread of 10 hours per day.

4. During the time period, I often worked for 24 hours staying overnight at the client's house, and on these days was only paid for 12 hours, despite the fact that my sleep was regularly interrupted generally at least 3-4 times by the client throughout the night. At times I was only given a couch to sleep on and was not offered a bed during the 24 hours of work.

5. During the time period, at times, I was required to work for two different clients in the same day and was not paid for my time and expenses traveling between the two clients.

6. I often worked more than 40 hours per week.

7. I filled out time sheets that were signed by the customers, which I was required to submit to Defendants.

8. I also signed in and out using the client's land line phone, if they had one. When I clocked out, I generally entered codes showing the types of work that I had performed.

9. During the time period, I did not receive a meal break and generally ate while working.

10. During the time period, I was not paid for all my hours worked and was not paid for my hours worked over 40 hours a week ("overtime hours") at time and one half my regular wages and at times was not paid for my overtime hours worked at time and one half the minimum wage rate. I have attached as Exhibit A a copy of a paystub showing that I was not paid time and one half my regular wage rate for my overtime hours worked.

11. During the time period, I took sick days during July 2014 and was not paid for my sick days.

12. During the time period, I worked for customers who were paying for my services with New York Medicaid and I was not paid minimum wages under the Wage Parity Act.

13. During the time period, my job responsibilities as a home health aide/maid included, among others, cleaning the entire house, cooking and doing the laundry.

14. I was required to prepare three meals a day, breakfast, lunch and dinner.

15. Breakfast usually consisted of eggs, oatmeal, and milk.

16. Lunch usually consisted of a cooked meal with rice or pasta, a meat (usually chicken or fish) and also soup and dessert. Sometimes alternatively I made a sandwich or mixed vegetables for lunch.

17. Dinner usually consisted of the similar items as lunch.

18. I was required to prepare whatever foods the customer requested.

19. I generally was required to make the beds every morning.

20. Defendants required me to do a number of tasks on a daily basis, including but not limited to: dusting, vacuuming, cleaning the bathroom (including the toilet, tub and shower),

mopping the kitchen floors, scrubbing the kitchen counters, cleaning the pots and pans, loading/unloading the dishwasher, and taking out the garbage.

21. I generally was required to do the laundry every day. I was also required to flip the bed mattresses once every week.

22. I was also required to clean out the refrigerator and put away the new groceries at least once every week.

23. During the time period, I also at times escorted clients to their doctor's appointments (about once every two months, which took about 2-3 hours).

24. I also was required to remind the customers to take their medications but was not permitted to touch the medications.

25. I spent at least 30% of my time directly performing household work.

26. During the time period, Defendants hired at least 40 similar home health aides/maids, who also (a) were only paid for 12 hours of their 24 hour overnight shifts despite the fact that they did not receive uninterrupted sleep and (b) were not paid for travel time and expenses between clients when serving two clients on the same day, and (c) were not paid minimum wages and regular wages for all hours worked and (d) were not paid time and one half their regular rate for hours worked over 40 in a week.

27. I know that other similar home health aid employees were not paid properly because I talked with them and they told me that they also were not paid for their full overnight shifts and were not paid for their travel between clients and also were not paid time and one half their wage rate for their hours worked over 40 hours in a week.

28. During the time period, I complained to the coordinator Tamara (last name not known) about not receiving pay for all my hours worked during the overnight shifts and during the travel time between clients.

29. Tamara repeatedly said she would look into my complaints but never responded, and I never was paid for all my hours worked.

30. Throughout the time period, Defendant has likewise employed at least 40 other individuals, like me, in positions as home health aides/maids.

31. Throughout the time period, such individuals have only been paid for 12 hours of work when they work a 24 hour overnight shift and were not paid for all at their hours worked during 24 hour assignments during which they were not able to get uninterrupted sleep, and have also not been paid for their time and expenses traveling between clients, and have also not been paid overtime premium wages of one and one half times their regular hourly rate (or at time and one half the minimum wage rate) for their overtime hours worked.

32. I know that other similar employees were not paid their proper wages because I spoke with other home health aides, including Etelle, Maxine, Sharon, and Angela, who all said that they did not receive pay for travel time and did not receive overtime pay or full pay for their 24 hour shifts and also did not receive vacation pay or sick pay.

33. During the time period, I was not specifically notified by Defendants of the regular pay day designated by Defendants, Defendants' name, address and principle place of business and telephone number and my specific rate of pay as required by the New York Wage Theft Prevention Act, except one notice I received shortly after I started working. I have not been given any specific notice of this information to sign and have not signed any such notice

since I received the first notice shortly after I started working. Upon information and belief the other home health aide employees also were not given such notice.

Dated: New York, New York
July 13, 2015


YVONNE DOWNIE

EXHIBIT A

CO. FILE DEPT. CLOCK NUMBER 040
 HZF 002037 500 0000026889 1

Earnings Statement



Period Beginning: 03/04/2013
 Period Ending: 03/10/2013
 Pay Date: 03/15/2013

CARELINK INC.
 25 SOUTH TYSON AVENUE
 FLORAL PARK NY 11001

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal 2
 NY 2
 New York Cti: 2

YVONNE DOWNIE
 50 NEW YORK AVE
 3RD FLOOR
 BROOKLYN, NY 11216

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular	9.0600	20.00	360.00	3,873.48
Overtime	10.8750	12.00	130.50	1,436.51
Holiday				120.06
Medicaid Hours				72.00
				5,501.05
GROSS Pay			\$490.50	
Deductions	Statutory			
Federal Income Tax		-36.14		411.35
Social Security Tax		-30.42		341.07
Medicare Tax		-7.12		79.77
NY State Income Tax		-14.47		168.91
New York Cti Income Tax		-9.53		109.84
NY SUI/SBI Tax		-0.60		6.60
Net Pay			\$392.22	

Your federal taxable wages this period are \$490.50



Earnings Statement

Period Beginning: 08/26/2013
 Period Ending: 09/01/2013
 Pay Date: 09/06/2013

YVONNE DOWNIE
464 NOSTRAND AVE
APT# 2B
BROOKLYN, NY 11216

CARELINK INC.
 25 SOUTH TYSON AVENUE
 FLORAL PARK NY 11001

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 2
 NY: 2
 New York Cit: 2

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Overtime	10.8750	25.00	271.88	1,979.27
N-Medicaid	9.4500	40.00	378.00	3,456.36
Regular				3,993.60
Holiday				185.08
Medicaid Hours				584.36
				10,198.65
Gross Pay			\$649.88	

Deductions	Statutory	
Federal Income Tax	-60.05	676.16
Social Security Tax	-40.30	632.32
Medicare Tax	-9.42	147.88
NY State Income Tax	-24.31	280.53
New York Oil Income Tax	-15.50	184.22
NY SUI/SDI Tax	-0.60	14.40
Other		
Checking	-199.70	
Net Pay		\$0.00

Your federal taxable wages this period are \$649.88

Other Benefits and Information	this period	total to date
Overtime Hours		182.00
Regular Hours		472.00

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CARELINK INC.
25 SOUTH TYSON AVENUE
FLORAL PARK NY 11001

Earnings Statement

Period Beginning: 12/09/2013
Period Ending: 12/15/2013
Pay Date: 12/20/2013

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 2
NY: 2
New York Cit: 2

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Overtime	10.8750	12.00	130.50	3,469.16
N-Medicaid				
Regular	9.7240	40.00	389.60	7,426.36
Holiday				
Medicaid Hours				
				4,038.60
				260.06
				584.36
				15,808.54

Gross Pay

Deductions

Statutory	
Federal Income Tax	40.56
Social Security Tax	32.25
Medicare Tax	7.54
NY State Income Tax	16.22
New York Cit Income Tax	10.53
NY SUI/SDI Tax	0.60
Other	
Checking	473.88
Garnishment	8.65
Adjustment	
Transportation	70.25
Net Pay	50.95

Your federal taxable wages this period are \$520.10

YVONNE DOWNIE
464 NOSTRAND AVE
APT# 2B
BROOKLYN, NY 11216

Other Benefits and Information

this period	total to date
Overtime Hours	319.00
Regular Hours	477.00

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CARELINK INC.
25 SOUTH TYSON AVENUE
FLORAL PARK NY 11001

Earnings Statement



Period Beginning: 06/23/2014
 Period Ending: 06/29/2014
 Pay Date: 07/03/2014

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 2
 NY: 2
 New York Cit: 2

YVONNE DOWNIE
464 NOSTRAND AVE
APT# 2B
BROOKLYN, NY 11216

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Overtime	12.0000	25.00	300.00	588.00
N-Medicaid	10.0000	40.00	400.00	2,150.06
Medicaid Hours				910.00
Gross Pay			\$700.00	3,648.06

Other Benefits and Information	this period	total to date
Overtime Hours		49.00

Deductions	Statutory	Other
Federal Income Tax	66.99	
Social Security Tax	43.40	
Medicare Tax	10.15	
NY State Income Tax	27.33	
New York Cit Income Tax	17.45	
NY SUI/SDI Tax	0.60	
Garnishment	8.65	
Advance Pay		8.65
Net Pay	\$525.43	
Checking	525.43	
Net Check	\$0.00	

Your federal taxable wages this period are \$700.00

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

CARELINK INC.
25 SOUTH TYSON AVENUE
FLORAL PARK NY 11001

Advice number: 0000270091
 Pay date: 07/03/2014

Deposited to the account of
YVONNE DOWNIE

account number	transit ABA	amount
000007401	00000 00000	\$525.43

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO	FILE	DEPT	CLOCK	YOUR NO	BAB
HZF	082037	500		0800940034	

Earnings Statement

CARELINK INC.
25 SOUTH TYSON AVENUE
FLORAL PARK NY 11001

Period Beginning: 08/11/2014
 Period Ending: 08/17/2014
 Pay Date: 08/22/2014

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 2
 NY: 2
 New York Cit: 2

YVONNE DOWNIE
110 ROCHESTER AVE
APT# 2H
BROOKLYN, NY 11213

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Overtime	12.0000	12.00	144.00	732.00
N-Medicaid	11.0000	40.00	440.00	2,876.06
Medicaid Hours				910.00
Gross Pay			\$584.00	4,518.06

Other Benefits and Information	this period	total to date
Overtime Hours		61.00

Deductions	Statutory	
Federal Income Tax	49.59	253.73
Social Security Tax	36.21	280.12
Medicare Tax	8.47	65.51
NY State Income Tax	19.85	106.91
New York Cit Income Tax	12.99	71.38
NY SUI/SDI Tax	0.60	7.20

Other	
Garnishment	8.65
Advance Pay	6.65
Net Pay	\$447.64
Checking	447.64
Net Check	\$0.00

Your federal taxable wages this period are \$584.00

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CARELINK INC.
25 SOUTH TYSON AVENUE
FLORAL PARK NY 11001

Advice number: 0800940034
 Pay date: 08/22/2014

Deposited to the account of
YVONNE DOWNIE

account number	transit ABA	amount
XXXXX7401	XXXX XXXX	\$447.64

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO FILE DEPT. CLOCK WORK NO. 040
HZE 002057 500 000010107 1

CARELINK INC.
25 SOUTH TYSON AVENUE
FLORAL PARK NY 11001

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 2
NY: 2
New York Cit: 2

Earnings Statement



Period Beginning: 03/02/2015
Period Ending: 03/08/2015
Pay Date: 03/13/2015

YVONNE DOWNIE
110 ROCHESTER AVE
APT# 2H
BROOKLYN, NY 11213

Earnings	rate	hours	this period	year to date
Overtime	13.1250	12.00	157.50	715.00
N-Medicaid	11.0000	40.00	440.00	1,006.50
Regular				260.00
Medicaid Hours				775.00
Gross Pay			3597.50	1,956.50

Deductions	Statutory	Other
Federal Income Tax	51.04	125.36
Social Security Tax	57.04	121.30
Medicare Tax	26.00	28.31
NY State Income Tax	20.50	52.18
New York Cit Income Tax	13.49	34.92
NY SUI/SDI Tax	0.60	3.00
Other		
Garnishment	8.03	
Net Pay	3077.82	
Checking	3077.82	
Net Check	3077.82	

Your federal taxable wages this period are 3597.50

Other Benefits and Information	this period	total to date
Overtime Hours	12.00	24.00
Regular Hours	40.00	260.00

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25 SOUTH TYSON AVENUE
FLORAL PARK, NY 11001

ADP
Payroll

Deposited to the account of
YVONNE DOWNIE

account number: 10007401
transf. ABA
amount: 3077.82

NON-NEGOTIABLE